Printed on: 5/27/2010 11:28:48 PM

| National Transportation Safety Board   | NTSB          | ID: DCA09RA01                    | 10         | Aircraft Registration Number: EI-DYG |  |  |  |  |  |
|--|---------------|----------------------------------|------------|--------------------------------------|--|--|--|--|--|
| FACTUAL REPORT                         | Occur         | rence Date: 11/10                | 0/2008     | Most Critical Injury:                |  |  |  |  |  |
| AYIATION                               | Occur         | rence Type: Accid                | dent       | Investigated By: Foreign             |  |  |  |  |  |
| Location/Time                          |               |                                  |            |                                      |  |  |  |  |  |
| Nearest City/Place                     | State         | Zip Code                         | Local Time | Time Zone                            |  |  |  |  |  |
| Ciampino                               |               |                                  | 0655       | UTC                                  |  |  |  |  |  |
| Airport Proximity: On Airport/Airstrip | Distance From | e From Landing Facility:         |            |                                      |  |  |  |  |  |
| Aircraft Information Summary           |               |                                  |            |                                      |  |  |  |  |  |
| Aircraft Manufacturer                  |               | Model/Series                     | S          | Type of Aircraft                     |  |  |  |  |  |
| BOEING                                 |               |                                  | Airplane   |                                      |  |  |  |  |  |
| Revenue Sightseeing Flight: No         | Air N         | Air Medical Transport Flight: No |            |                                      |  |  |  |  |  |
| Narrative                              | Narrative     |                                  |            |                                      |  |  |  |  |  |

Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:

On November 10, 2008, at 0655 UTC, a Ryanair Boeing 737-800, registered in Ireland as EI-DYG, experienced multiple birdstrikes affecting engine thrust while landing at Ciampino Airport, Rome, Italy. The aircraft subsequently experienced a collapsed left main landing gear upon touchdown. No fatalities or serious injuries occurred. The accident is being investigated by the Italian Agenzia Nazionale per la Sicurezza del Volo. (ANSV).

## National Transportation Safety Board FACTUAL REPORT AVIATION

NTSB ID: DCA09RA010

Occurrence Date: 11/10/2008

| AVIATION                                 | ence Type:  | Ac      | cident                  |            |                   |                            |                  |      |        |          |                     |          |  |
|--|---|---------|-------------------------|------------|-------------------|----------------------------|------------------|------|--------|----------|---------------------|----------|--|
| Landing Facility/Approach In             | formation   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Airport Name                             |   | А       | irport ID:              | Ai         | rport Elevation   | way Used                   | ed Runway Length |      |        | Runv     | vay Width           |          |  |
| Ciampino Airport                         | CIA   |         | 427 Ft. MSL             |            |                   |                            |                  |      |        |          |                     |          |  |
| Runway Surface Type:                     |   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Runway Surface Condition: Dry            |   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Approach/Arrival Flown: Unknown          | own   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| VFR Approach/Landing: Unknown            | 1   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Aircraft Information                     |   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Aircraft Manufacturer BOEING             |   |         | Model/                  | 'Seri      | ies               |                            |                  |      | Serial | Number   |                     |          |  |
| Airworthiness Certificate(s): Trans      | sport   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Landing Gear Type: Tricycle              |   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Amateur Built Acft? No                   | Certifie  | d Ma    | ax Gross Wt.            | LBS Number |                   |                            | er of Engines: 2 |      |        |          |                     |          |  |
| Engine Type:                             | Engine Manufacturer: Model/Serie                    |         |                         |            |                   |                            | es:              |      | Rate   | d Power: |                     |          |  |
| - Aircraft Inspection Information        |   | '       |                         |            |                   |                            | '                |      |        |          |                     |          |  |
| Type of Last Inspection Da               |   |         | Date of Last Inspection |            |                   | Time Since Last Inspection |                  |      |        |          | Airframe Total Time |          |  |
|  |   |         |                         |            |                   |                            |                  | Ho   |        | Hours    |                     |          |  |
| - Emergency Locator Transmitter (        | ELT) Information                                    |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| ELT Installed?/Type No                   | ELT Operated? No ELT Aided in Locating Accident Sit |         |                         |            |                   |                            | ent Site         | ? No |        |          |                     |          |  |
| Owner/Operator Information               |   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Registered Aircraft Owner Street Address |   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Ryanair Limited                          |   |         | City                    |            |                   |                            |                  |      |        |          | ie                  | Zip Code |  |
| Street Address                           |   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Operator of Aircraft  Ryanair Limited    | City  |         |                         |            |                   |                            |                  | Stat | te     | Zip Code |                     |          |  |
| Operator Does Business As:               |   | Or      | perator Desig           | nator Co   | ode:              |                            |                  |      |        |          |                     |          |  |
| - Type of U.S. Certificate(s) Held:      | <br>None  |         |                         |            |                   | <u> </u>                   |                  |      |        |          |                     |          |  |
| Air Carrier Operating Certificate(s)     | :   |         |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Operating Certificate:                   |   |         |                         |            | Operator Certific | cate:                      |                  |      |        |          |                     |          |  |
| Regulation Flight Conducted Unde         | r: Non-U.S., Comr                                   | mercial |                         |            |                   |                            |                  |      |        |          |                     |          |  |
| Type of Flight Operation Conducted       |   |         | ıl; Passen              | ger        | Only              |                            |                  |      |        |          |                     |          |  |
|  |   |         |                         |            | - AVIATION        |                            |                  |      |        |          |                     | Page 2   |  |
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## National Transportation Safety Board FACTUAL REPORT AVIATION

NTSB ID: DCA09RA010

Occurrence Date: 11/10/2008

| AVIATION Occurrence |                           |              |  |  | currence Type: Accident                          |               |                         |                            |          |              |            |           |                     |           |
|---------------------|---------------------------|--------------|--|--|--|---------------|-------------------------|----------------------------|----------|--------------|------------|-----------|---------------------|-----------|
| First Pilo          | t Information             |              |  |  |  |               |                         |                            | ·        |              |            |           |                     |           |
| Name                | <u>'</u>                  |              |  |  |  | City          |                         |                            |          |              | Sta        | ite [     | Date of Birth       | Age       |
|                     |                           |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Sex:                | Seat Occupied:            | .:           | Oc   | cupational Pil                                   | lot?   |               |                         |                            |          | Cer          | rtificat   | te Numbe  | er:                 |           |
| Certificate(s):     |                           |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Airplane Ra         | ating(s):                 |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Rotorcraft/0        | Glider/LTA:               |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Instrument          | Rating(s):                |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Instructor F        | Rating(s):                |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Current Bie         | ennial Flight Revie       | ew?          |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Medical Ce          | ert.:                     | Medic        | al Cert. Statu                                   | s:   |  |               |                         |                            |          | Date of La   | ast Mo     | edical Ex | am:                 |           |
|                     |                           |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| - Flight Tim        |                           |              | Airplane<br>Single Engine                        | Airplane<br>Mult-Engine                          | Niç  | Night Actual  |                         | Instrument<br>Il Simulated |          |              | Rotorcraft | Glider    | Lighter<br>Than Air |           |
| Total Time          |                           |              |  |  |  | $oxed{oxed}$  |                         |                            | $\perp$  |              | 4          |           |                     |           |
| Pilot In Cor        | mmand(PIC)                |              | <u> </u>   | <b> </b> '                                       | <b></b>  | ↓             |                         | <u> </u>                   | $\dashv$ |              | $\dashv$   |           |                     |           |
| Instructor          |                           | <del> </del> | <del>                                     </del> | <b> </b>   | <del> </del>                                     | $+\!-\!\!\!-$ |                         | <del></del>                | $\dashv$ |              | +          |           |                     |           |
| Instruction         |                           | <del> </del> | <del>                                     </del> | <del> </del> '                                   | <del> </del>                                     | +-            |                         | <del></del>                | $\dashv$ |              | +          |           | +                   | -         |
| Last 90 Day         |                           | <del></del>  | <del>                                     </del> | <del> </del>                                     | <del></del>                                      | +-            |                         | <del></del>                | +        |              | +          |           | +                   |           |
| Last 24 Ho          |                           |              |  | <del>                                     </del> | <del>                                     </del> | +-            |                         | <del></del>                | $\dashv$ |              | +          |           | +                   | +         |
| Seatbelt Us         |                           | Shor         | ulder Harness                                    | S Used?  |  |               | Toxico                  | ology Pe                   | rforme   | <br>∍d?      |            | Sec       | cond Pilot? No      | )         |
| Flight Pla          | an/Itinerary              |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
|                     | ght Plan Filed: <b>IF</b> | R            |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Departure I         | Point                     |              |  |  |  |               | State Airport Identifie |                            |          | t Identifie  | er         | Depart    | ure Time            | Time Zone |
| Frankfurt           | Hahn                      |              |  |  |  |               | HHN                     |                            |          |              |            |           |                     |           |
| Destination         | 1                         |              |  |  |  |               | State                   |                            | Airpor   | rt Identifie | ər         |           |                     |           |
| Same as             | Accident/Incide           | nt Location  | ı<br>  |  |  |               | CIA                     |                            |          |              |            |           |                     |           |
| Type of Cle         | earance: IFR              |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Type of Air         | space:                    |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Weather             | Information               |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
| Source of           | Wx Information:           |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
|                     | Unknown                   |              |  |  |  |               |                         |                            |          |              |            |           |                     |           |
|                     |                           |              |  | FACTUAI  | L REPORT   | - AVI         | ATION                   | N                          |          |              |            |           |                     | Page 3    |

## National Transportation Safety Board

NTSB ID: DCA09RA010

| FACTUAL REPORT           |                   |     |                | Occur       | Occurrence Date: 11/10/2008 |  |                                 |               |        |              |        |                              |           |  |
|--------------------------|-------------------|-----|----------------|-------------|-----------------------------|--|---------------------------------|---------------|--------|--------------|--------|------------------------------|-----------|--|
| AVIATION Occurrence Type |                   |     |                |             |                             |  | Acciden                         | t             |        |              |        |                              |           |  |
| Weather                  | Information       |     |                | _           |                             |  |                                 |               |        |              |        |                              |           |  |
| WOF ID                   | Observation Time  | Tin | me Zone        | WOF Ele     | vation                      | 1  | WOF Distance From Accident Site |               |        |              |        | Direction From Accident Site |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             | Ft. MSL                     | <u>.                                    </u> |                                 |               |        | NM           |        |                              | Deg. Mag. |  |
| Sky/Lowes                |                   |     |                |             | Ft. AG                      | iL   | Condition of Light:             |               |        |              |        |                              |           |  |
| Lowest Ce                | Lowest Ceiling:   |     |                |             |                             |  | Visibility:                     |               |        | SM           | "Hg    |                              |           |  |
| Temperatu                | ure: °C           | Dew | Point:         | o           | C We                        | eathe  | er Condit                       | tions at Acci | dent S | Site:        |        |                              |           |  |
| Wind Direc               | ction:            |     | Wind Speed     |             |                             |  | Wind                            | I Gusts:      |        |              |        |                              |           |  |
| Visibility (F            | RVR): F           | -t. | Visibility (RV | /V)         | SM                          | 1  | l                               |               |        |              |        |                              |           |  |
|                          | d/or Obscuration: |     |                | -           |                             |  |                                 |               |        |              |        |                              |           |  |
| r roop and               |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
| Accident                 | Information       |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          | mage: Substantial |     |                | Aircraft    | Fire: No                    | ne   |                                 |               |        | Aircraft Exp | olosio | n None                       |           |  |
| 7 iii orait Ba           | ago. Cabotantiai  |     |                | 1 / in oran | 1 110. 140                  |  |                                 |               |        | 7 morare Exp |        | 110110                       |           |  |
|                          |                   |     |                |             |                             | Г  |                                 |               |        |              |        |                              |           |  |
|                          | mmary Matrix      | Fa  | atal Ser       | ious        | Minor                       | N-   | one                             | TOTAL         |        |              |        |                              |           |  |
| First Pi                 |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
| Second                   |                   | +   |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
| Studen                   |                   | +   |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          | nstructor         | +   |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
| Check                    |                   | +   |                |             |                             | $\vdash$                                     |                                 |               |        |              |        |                              |           |  |
|                          | Engineer          | +   |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          | Attendants        | +   |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
| Other (                  |                   | +   |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
| Passer                   |                   | +   |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          | ABOARD -          | +   |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
| Other (                  | D TOTAL -         | +   |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
| - OKANI                  | J TOTAL -         |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |
|                          |                   |     |                |             |                             |  |                                 |               |        |              |        |                              |           |  |

National Transportation Safety Board

NTSB ID: DCA09RA010

| National Transportation Safety Board                       | 20,10014.010                |  |
|--|-----------------------------|--|
| FACTUAL REPORT   | Occurrence Date: 11/10/2008 |  |
| AVIATION   | Occurrence Type: Accident   |  |
| Administrative Information                                 |                             |  |
| Investigator-In-Charge (IIC)                               |                             |  |
| Robert P. Benzon   |                             |  |
| Additional Persons Participating in This Accident/Incident | ent Investigation:          |  |
|  |                             |  |
|  |                             |  |
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